

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: JOHN L. GALVAGNI

Application No: 10/006,777

Filing Date: November 8, 2001

Application No: 9869

Title: VIA COMPONENTS FOR INTEGRATED PASSIVE COMPONENTS



Group Art Unit: 2822
 Examiner: M. Lewis
 Our Client ID: 22827
 Our Account No: 04-1403

Commissioner for Patents
 Patent Office Box 1450
 Alexandria, VA 22313-1450

AMENDMENT

This is a response/amendment/letter in the above-identified application and includes the herewith attachment of same date and content which is incorporated hereto by reference and the signature below is to be treated as the signature to the attachment in the absence of a signature thereto.

Fee requirements (if any) have been calculated as shown below:

	Claims remaining after amendment	Highest number previously paid for	Present Extra	Additional Fee
Total Effective Claims	31	31	=	X \$18 = \$
Independent Claims	4	4	=	X \$88 = \$
Amendment enters proper multiple dependent claim(s) into this application for first time, add \$0.00 (per application)				
Official Action set an original due date of 08/06/04				
EXTENSION is hereby made for an extension to cover the date this response is filed for which the requisite fee is enclosed (1 month \$110; 2 months \$430; 3 months \$980; 4 months \$1530)				
Terminal Disclaimer enclosed, add Rule 20(d) Official Fee (\$110.00)				
SUBTOTAL:				\$ 430.00
"small entity" verified statement filed [] previously, [] herewith, enter one-half (1/2) of subtotal and subtract				\$
TOTAL:				\$ 430.00
TOTAL FEE ENCLOSED:				\$ 430.00

The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any fees in addition to the fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (deficiency only) now or hereafter relative to this application and the resulting official document under Rule 20, or credit any overpayment, to our Account No. shown in the heading thereof for which purpose a duplicate copy of this sheet is attached. This statement does not authorize charge of the fee in this case.

ADDRESS:
 Patent Office Box 1449
 Greenville, SC 29602 USA
 Customer ID No.: 22827
 Telephone: 864-271-1592
 Facsimile: 864-233-7342

DORITY & MANNING
 ATTORNEYS AT LAW, P.A.

By: RICHARD M. MOOSE Reg. No: 31,226 Date: 10/06/04
 Signature: *Richard M. Moose*

Express Mail® - Mailing Label Number EV377256663US
 Date of Deposit: October 6, 2004

I hereby certify that this paper, papers attached hereto, and/or fee is being deposited with the United States Postal Service Express Mail Post Office to Addressee service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

CHRISTINE P. STANFIELD

(Typed or printed name of person mailing paper or fee)

Christine P. Stanfield
 (Signature of person mailing paper or fee)

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/006777

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

10/21/04 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 32	Minus 32	= 2
Independent	* 4	Minus *** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	\$385
X\$9=	
X\$13=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	\$370
X\$18=	
X\$6=	
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	36, 00
X\$6=	
+290=	
TOTAL ADDIT. FEE	36, 00 per

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$6=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$6=	
+290=	
TOTAL ADDIT. FEE	